

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025647

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1861

FILED JUL 2 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS MISSOURI		Length of stay in lb 348 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If outside, give location) 305 VONDRA	
3. NAME OF DECEASED (Type or print) First WALTER Middle H. Last ZUMWALT		4. DATE OF DEATH Month June Day 21 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-23-91
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) SHOE WORKER		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	
11. BIRTHPLACE (City and state or country) FRANKLIN COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME DAVID ZUMWALT		13b. MOTHER'S MAIDEN NAME ALICE HEY	
14. NAME OF HUSBAND OR WIFE MAYME ZUMWALT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) (If yes, give year or dates of service) YES WW-II	
16. SOCIAL SECURITY NO. INFORMANT		17. MAYME ZUMWALT (WIFE) 305 VONDRA UNION, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE ASTHMATIC BRONCHITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC ASTHMA DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS AND ARTERIOSCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 20 YEARS
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY - Hour 7-8-61 Month, Day, Year 6-21-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) V.A.	
20f. CITY, TOWN, OR LOCATION Union, Mo.		20g. COUNTY Union, Mo.	
20h. STATE Mo.		20i. DATE RECD. BY LOCAL REG. 6-22-62	
20j. REGISTRAR'S SIGNATURE John E. Murphy M.D.		20k. DATE SIGNED 6-22-62	
20l. SIGNATURE Paul Stromsdorfer		20m. ADDRESS VET ADM HOSP, JEFF BRKS, 25, MO.	
20n. DATE 6/22/62		20o. NAME OF CEMETERY OR CREMATORY Union, Mo.	
20p. LOCATION (City, town, or county) Union, Mo.		20q. STATE Mo.	
20r. FUNERAL DIRECTOR Edw. Fendler		20s. ADDRESS 5611 So. Grand Blvd.	
20t. DATE RECD. BY LOCAL REG. 6-22-62		20u. REGISTRAR'S SIGNATURE John E. Murphy M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lee J. Buddle

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.